

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 22 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Walnut Grove,
City do do (No.)

Registration District No. 325
Primary Registration District No. 1722

35917

Registered No.
St. Ward)

2. FULL NAME

Thomas Carrell Kelley, -----

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct., 2nd., 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer,
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Polk County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Jefferson Kelley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Lemmon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT I. J. Kelley,
(Address) Walnut Grove, Missouri

15. FILED Nov 30 1930 L. M. Clure
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov., 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb - 2, 1930, to 11-29, 1930 that I last saw h. alive on 28, 1930, and that death occurred, on the date stated above, at 11.50 p. a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broken Compensation
955

CONTRIBUTORY (SECONDARY) 9000
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) L. M. Clure, M. D.

Nov 30. 1930 (Address) Walnut Grove, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Turkey Creek Cemetery DATE OF BURIAL Nov. 30 1930

20. UNDERTAKER Brim Funeral Home ADDRESS Walnut Grove, Mo

